Revision:	HCFA-PM AUGUST 1		(BPD)	SUPPL Page OMB N	1	2 TO ATTA	CHMENT 2	:.6-A
	STATE	PLAN UNDE	R TITLE XI	X OF THE S	OCIAL	SECURITY A	ACT	
	State:	LOUISIA	NA			·		
			RESOUR	CE LEVELS				
A. CATE	GORICALLY	NEEDY GR	OUPS WITH	INCOMES REI	ATED	TO FEDERAL	POVERTY	LEVEL
1. <u>Pr</u>	egnant Wo	men_						
a.	Mandato	ry Groups						
	<u> </u>	me as SSI	resources	levels.				
	<u>∕X</u> / Le	ss restri	ctive than	SSI resour	ce le	vels and i	s as fol	llows:
	<u>Famil</u>	y Size	Res	ource Level	-			
		1	<u>N</u>	ONE*		accordanc 6-A, Item		
	_	2				o 11, 100m		
b.	Optiona	1 Groups						
		me as SSI	resources	levels.				
	Le	ss restri	ctive than	SSI resour	ce le	vels and i	s as fol	llows:
	<u>Famil</u>	y Size	Res	ource Level	L			
	_	1			-			
	_	2			-			
•								
TN No.	132 9	-23	ΛPP	0 2 1992		· · · · · · · · · · · · · · · · · · ·		1004
Supersede	89-17	Approval	Date AFR	U & 133Z	Effec	tive Date	OCT 01	1991
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HCFA 179 91-23

Revision:	HCFA-PM AUGUST 1		PD)	SUPPLEMENT 2 TO Page 2 OMB No.: 0938-	ATTACHMENT 2.6-A
•	STATE	PLAN UNDER	TITLE XIX OF TH	E SOCIAL SECURIT	Y ACT
	State:	LOUISIANA			
2. <u>In</u> i	<u>fants</u>				
a.	Mandator	y Group of	<u>Infants</u>		,
	<u> </u>	me as resou	rce levels in t	he State's approv	ed AFDC plan.
	<u>/x/</u> Le	ss restrict	ive than the AF	DC levels and are	as follows:
	<u>Famil</u>	y Size	Resource L	evel	
	***	1	NONE*	* In acco	ordance with Attachment
•		2		2.6-A,	Item C.5.f. of the Plan.
		3			
		4			
		5			
		6			
		7			
		 8			
		9			
					
	_1	0			

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Revision: HCFA-PM-91-4 AUGUST 1991

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SUPPLEMENT 2 TO ATTACHMENT 2.6-A

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STATE	DT.AN	IINDED	ת זייו בי	VIV	OF	THE	COCTAT	SECURITY	A CIT
DIVIE	LTWI	UNDER	TITLE	VIV	OF	TUE	POCIAT	DECORTIT	VCI

	State:	LOUISIANA	
b.	Optional	Group of Infan	t <u>s</u>
		me as resource	levels in the State's approved AFDC plan.
		ess restrictive	than the AFDC levels and are as follows:
	<u>Famil</u>	y Size	Resource Level
		1	
		2	
		3	
	_	4	
	_	5	
	_	6	
	_	7	
		8	
		9	
	_1	.0	

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TN No. <u>07-05</u>								

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SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT LOUISTANA Children Mandatory Group of Children under Section 1902(a)(10)(i)(VI) of the Act. (Children who have attained age 1 but have not attained age 6.) Same as resource levels in the State's approved AFDC plan. X Less restrictive than the AFDC levels and are as follows: Family Size Resource Level None Note* * In accordance with 1___ Attachment 2.6-A, Item C. 2 5.f. of the Plan. 3__ 4 5_ 6 7 8 9 10

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Supersede Approval Date MAY 14 1992
TN No. 97-23

Beffective Date APR 01 1992

Revision: HCFA-PM-92 -2 (MB) MARCH 1992

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

	STATE	PLAN	UNDER	TITLE	XIX OF	THE SOC	IAL SECU	RITY ACT	
	State:	L	DUISIA	NA	•			:	
b.	Mandato of the attains	Act.	Child	Children bo	ren un ern aft not at	der Sect er Septe tained a	ion 1902 mber 30, ge 19.)	(a) (10) (i 1983 who) (VII)
		Same	as r	Bource	level	s in the	State's	approved	AFDC plan.
	<u>x</u>	Les	rest	rictive	than	the AFDC	levels	and are a	s follows:
	Family	Size				Resour	ce Level	NONE	
	_1	_							
	2	_					· ·		
	3	_							
	4	_							
	5	_							
	6								
	8								
	_ 9								
	_10								

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STATE: TUSSENO	
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DATE EFF 4-1-92	
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	STATE PLAN UNDER	TITLE XIX OF THE SOCIAL SECURITY ACT	
	State: LOUISIANA	A	
4. <u>Age</u>	d and Disabled Indiv	viduals	
<u> </u>	Same as SSI resou	urce levels.	
<u> </u>	More restrictive	than SSI levels and are as follows:	
	Family Size	Resource Level	
	1		
	3		
		4 14	
	5		
\Box	Same as medically has a medically r	y needy resource levels (applicable only if needy program)	State
TN NoA Supersedes TN No	9-03 Approval Dat	e APR 0 2 1992 Effective Date OCT 0 1	1991

HCFA 179

HCFA ID: 7985E

Revision: HCFA-PM-91-4 AUGUST 1991

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SUPPLEMENT 2 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

Except those specified below under the provisions of section 1902(f)of the Act.

Family Size	Resource Level
1	\$2000
	\$3000
3	\$3025
4	\$3050
5	\$3075
6	\$3100
7	\$3125
8	\$3150
9	\$3175
10	\$3200
For each additional person	\$25.00

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TN No. 9/-/6 Supersedes TN No. 96-15	Approval Date $12-12-97$ Effective Date	7-1-97

HCFA ID: 7985E

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DATE APPYO 12-12-97	Α
DATE EFF 7-1-47	
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